
LETTERS

Smoking and a Surgeon General

"The Surgeons General and Smoking" [PHR 112:440-2] was timely and interesting. However, I was dismayed to see a pioneering thoracic surgeon, Dr. Evarts Graham, dismissed in a highly misleading paragraph suggesting that he had little interest in the connection between cigarette smoking and lung cancer. Graham did not merely become "more convinced of the connection between smoking and lung cancer"; he played an important role in the clinical and epidemiological advances that verified this linkage.

Dr. Graham performed the first successful one-stage removal of an entire lung in April 1933, beginning a new era in the treatment of lung cancer. The patient lived 30 years after his pneumonectomy. According to a November 1984 paper in the *Journal of Thoracic and Cardiovascular Surgery*, "The patient's long survival caused the diagnosis of lung cancer to be openly questioned. To lay to rest these rumors, Dr. Graham asked Dr. Lauren V. Ackerman, the Chief of Surgical Pathology, to review the findings in this case. The ensuing report dispelled all doubts."

As Chair of Surgery at the Washington University School of Medicine for 38 years (1919 to 1947), Graham trained and influenced two generations of chest surgeons. In 1948, he allowed a third-year medical student, Ernst Wynder, to interview lung cancer patients on his service as a means to study the epidemiology of the disease. In 1950 they published an important paper, "Tobacco Smoking As a Possible Etiological Factor in Bronchogenic Carcinoma." Though their research ultimately proved correct, these findings were rejected not only by tobacco companies but also by

peers. As Wynder wrote, "It would have been easy to become discouraged if not for Dr. Graham's strong support." In a 1953 joint report, Graham and Wynder showed for the first time that tobacco smoke condensate was carcinogenic to mouse skin. Tragically, Dr. Graham, himself a former smoker, died of lung cancer in 1957.

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Nutrition Among Homeless Children

The health and educational needs of young children are popular topics of discussion. One group of children left out of these conversations are those who experience homelessness.

I recently undertook a study of 75 preschool children living with their mothers at a homeless shelter in Houston, Texas. I was primarily interested in assessing the food services provided by the shelter to children in this critical stage of cognitive and physical development.

In a representative sampling of menus over a four-week period, I found that the children were consistently offered fewer than the recommended number of servings of pastas/breads and vegetables as indicated by the food pyramid. Fresh fruit was not available, and the number of servings of canned fruit was minimal. Milk was served in excess, along with meats and sweets.

I also surveyed children's mothers to determine actual eating habits. Like other children, these homeless children generally disliked vegetables. However, I was surprised to find that they also neglected to eat the sweets offered with their meals.

While the shelter conscientiously served three meals each day, food was not provided outside of meal-times and thus the nutritional needs of preschool children were unmet. Preschool-age children need fre-

quent, small meals, usually five or six per day. Most preschoolers in homeless shelters cannot consume all of the food they need in only three meals, no matter how nutritionally balanced those meals might be.

A recent study¹ showed how poor diet in early childhood has implications for the long-term health and cognitive development of children.

Nurses and nutritionists can effect changes to improve homeless children's long-term health. Food service personnel at shelters must be taught the importance of small, numerous servings of pastas, vegetables, and fresh fruit. Sweets should be replaced with foods such as bread sticks, apple wedges, and carrot sticks. Nurses and nutritionists can help those mothers who need to learn to prepare appropriate meals for their children. These relatively inexpensive health interventions could provide large payoffs in the futures of these children and our country.

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Reference

1. Brown L, Pollitt E. Malnutrition, poverty and intellectual development. *Sci Am* 1996; 275:38-43. ■

Healthy People 2010

Just as the scientific base for health promotion and disease prevention has evolved since the Healthy People process began in the late 1970s, the "management by objectives" approach that guided the development of Healthy People 2000 objectives has been supplanted by performance monitoring concepts in both the personal health care and public sectors. Thus it is good to see in the article by Maiese and Fox ("Laying the Foundation for Healthy People 2010," PHR 1998;113:92-5) that new frameworks for national health objectives are being considered.